

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

ATTORNEY DOCKET 81346JDL

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

Express Mail Label No.

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Date: 8/1/00

**IMAGE RECORDING APPARATUS AND
METHOD PROVIDING PERSONALIZED COLOR
ENHANCEMENT**

First Named Inventor (or Application Identifier):

Hwai-Tzuu Tai, et al

JC873 U.S. PTO
09/630435
08/01/00

Enclosed are:

1. Specification 6. Assignment of the invention to **NexPress Solutions LLC**
 2. 29 Sheet(s) of drawing(s) 7. Certified copy of a priority
 3. Information Disclosure Statement Under 37 CFR 1.97. 8. Associate Power of Attorney
 4. Combined Declaration for Patent Application and Power of Attorney:
 4a. New
 4b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)

5. Incorporation by Reference (useable if Box 4b is

Checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

9. Deletion of Inventor(s).

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,
 12. Please address all written communications to Lawrence P. Kessler, Patent Department,
 NexPress Solutions LLC, 1447 St. Paul Street, Rochester, NY 14653-7001
 Please Direct all telephone calls to James D. Leimbach at 716/253-0125.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 690
TOTAL CLAIMS	12	- 20 =	0	x 18 = \$ 0
INDEPENDENT CLAIMS	2	- 3 =	0	x 78 = \$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 260	\$0
			TOTAL	\$ 690

Please charge my NexPress Solutions LLC Deposit Account No. **50-1466** in the amount of **\$ 690**.
 A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under
 37 CFR 1.16 or credit any overpayment to NexPress Solutions LLC Deposit Account No. **50-1466**.
 A duplicate copy of this sheet is enclosed.

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